

# Structural Permit Application

*Office use only*

Permit no.

Site address

Date

Tenant/building name

Suite/unit no.

Applicant is

☐ Architect/engineer

☐ Contractor

☐ Owner

Condominium no.

## Property owner

Name

Phone

Address

City

State

Zip

## Contractor

Name

License no.

Address

City

State

Zip

Contact person

Phone

Cell phone

## Architect/engineer

Name

Registration no.

Address

City

State

Zip

Contact person

Phone

Cell phone

## Class of work

*Check only one.*

☐ 1 New

☐ 2 Addition

☐ 3 Alteration/remodel

☐ 4 Maintenance/repair/replace

## Type of structure

*Check only one.*

☐ 01 Single-family residential

☐ 45 Recreational, amusement

☐ 02 Single-family connected to single family

☐ 46 Other non-housekeeping shelter

☐ 03 Residential garage

☐ 65 Industrial buildings

☐ 30 Two-family residential

☐ 70 Public works and utilities building

☐ 31 Three-four family residential

☐ 80 Public schools

☐ 32 Multiple-family residential

☐ 81 Private schools

☐ 40 Offices, banks, professional

☐ 85 Churches and religious buildings

☐ 41 Stores, restaurants, warehouse

☐ 88 Hospitals and institutional buildings

☐ 42 Hotels, motels

☐ 93 Other non-residential building

☐ 43 Parking garage

☐ 95 Fences, signs, antennas

☐ 44 Service stations and repair garage

☐ 96 Other non-building structures

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**Project details**

Job valuation \$ \_\_\_\_\_

Estimated completion date \_\_\_\_\_

Description of work to be done \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please read and sign**

I hereby apply for a structural permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Bloomington and with the Minnesota Building Codes; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans.

\_\_\_\_\_  
*Applicant's printed name*\_\_\_\_\_  
*Applicant's signature*\_\_\_\_\_  
*Date***Do not write below this line**

Inspector no. \_\_\_\_\_

Case no. \_\_\_\_\_

Conditions of issuance \_\_\_\_\_

\_\_\_\_\_

Valuation \$ \_\_\_\_\_

Types of construction 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

**Fee information**Plan check fee? ☐ Yes ☐ NoCity surcharge? ☐ Yes ☐ NoSAC charge? ☐ Yes ☐ NoOther fees? ☐ Yes ☐ No Describe \_\_\_\_\_ Amount \$ \_\_\_\_\_**SAC charge** *Specify number of units*

\_\_\_\_\_ Single family

\_\_\_\_\_ Duplex

\_\_\_\_\_ Condominium/townhouse

\_\_\_\_\_ Apartment with individual laundry

\_\_\_\_\_ Apartment with central laundry

\_\_\_\_\_ Commercial

\_\_\_\_\_ Industrial

**Public housing**

\_\_\_\_\_ Single family

\_\_\_\_\_ Duplex

\_\_\_\_\_ Condominium/townhouse

\_\_\_\_\_ Apartment

Permit approved by \_\_\_\_\_ Date \_\_\_\_\_